## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

01-447

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                       |              |                              |                  |                   | SMALL ENTITY TYPE  |                        |           | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|--------------|------------------------------|------------------|-------------------|--------------------|------------------------|-----------|----------------------------|------------------------|
| TOTAL CLAIMS                                   |  |   | 2.2                                   |              |                              |                  | ſ                 | RATE               | FEE                    | )<br>     | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |              | NUMB                         | ER EXTRA         |                   | BASIC FEE          | 370.00                 | OR        | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 22 minus 20=                          |              | * 2                          |                  |                   | X\$ 9=             |                        | OR        | X\$18=                     | 36                     |
| INDEPENDENT CLAIMS                             |  |   | 5 minus 3 =                           |              | * 2                          |                  |                   | X42=               |                        | OR        | X84=                       | 158                    |
| MULTIPLE DEPENDENT CLAIM PRESENT               |  |   |                                       |              |                              |                  |                   | +140=              |                        | OR        | +280=                      |                        |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |              |                              |                  | L                 | TOTAL              |                        | OR        | TOTAL                      | 944                    |
| CLAIMS AS AMENDED - PART II                    |  |   |                                       |              |                              |                  |                   | SMALL ENTITY       |                        |           | OTHER THAN SMALL ENTITY    |                        |
|  | 1  | (Column 1)<br>CLAIMS                      |                                       | (Colu        | mn 2)<br>HEST                | (Column 3)       | 1 -               | SWALL              |                        | OR<br>I I | SIVIALL                    |                        |
| AMENDMENT A                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 34                                      | Minus                                 | **: 7        | 2                            | -2               |                   | X\$ 9=             |                        | OR        | X\$18=                     | 36-                    |
|  | Independent  | * NTATION OF MI                           | Minus                                 | *** <u>5</u> | T CLAIM                      | = 2              |                   | X42=               |                        | OR        | X84=                       | 168-                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                       |              |                              |                  |                   | +140=              | :                      | OR        | +280=                      | <u></u>                |
| BEST AVAILABLE COPY                            |  |   |                                       |              |                              |                  |                   | TOTAL<br>DDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        | 204                    |
| (Column 1) (Column 2) (Column 3)               |  |   |                                       |              |                              |                  |                   |                    |                        |           |                            |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **           |                              | =                | ] [               | X\$ 9=             |                        | OR        | X\$18=                     |                        |
|  | Independent  | *   | Minus                                 | ***          |                              | -                | <b> </b>          | X42=               |                        | OR        | X84=                       |                        |
| Ľ.   | FIRST PRESE  | NTATION OF MI                             | JETIPLE DEP                           | ENDEN        | CLAIM                        | <u> </u>         | ┛╏                | +140=              |                        | OR        | +280=                      |                        |
|  |  |   |                                       |              |                              |                  | L                 | TOTAL              |                        |           | TOTAL                      |                        |
|  |  | ODIT. FEE                                 |                                       |              | ADDIT. FEE                   |                  |                   |                    |                        |           |                            |                        |
| _  |  | (Column 1)<br>CLAIMS                      |                                       |              | mn 2)<br>HEST                | (Column 3)       | 1 -               |                    | 4001                   |           |                            | ADDI                   |
| AMENDMENT C                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVI        | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **           |                              | =                | $\rfloor \rfloor$ | X\$ 9=             |                        | OR        | X\$18=                     |                        |
|  | Independent  | *   | Minus                                 | ***          | T CL AIRA                    |                  | $\frac{1}{1}$     | X42=               |                        | OR        | X84=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |              |                              |                  |                   | +140=              |                        | OR        | +280=                      |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                       |              |                              |                  |                   |                    |                        | 00        | TOTAL                      |                        |
| ***  | If the "Highest Nu   | mber Previously P                         | aid For" IN THI                       | S SPACE      | is less tha                  | an 3, enter "3." | ^                 | DDIT. FEE          |                        |           | ADDIT. FEE                 |                        |
|  | The "Highest Num   | nber Previously Pa                        | id For" (Total or                     | Independ     | dent) is the                 | e highest numb   | er four           | nd in the app      | ropriate box           | in co     | lumn 1.                    |                        |